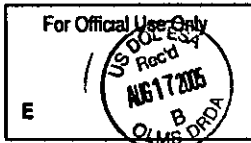


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8730	2 Fiscal Year Covered From: 12 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name DANIEL J HOGLE P O Box Bldg Room No if any Street 2708 N RED HILL RD City TASWELL State Indiana ZIP Code + 4 47175	4 Name file number and address of labor organization Name IN/KY REGIONAL COUNCIL OF CARPENTERS Labor Organization File Number 060-114 P O Box Building and Room Number if any Street 2635 S MADISON AVE City INDAINAPOLIS State Indiana ZIP Code + 4 46225
5 Position in labor organization SENIOR SERVICE REPRESENTATIVE	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Daniel J Hogle

On **8/12/2005**
Date

812-338-2827
Telephone Number

Name of Person Filing DANIEL HOGLE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name IND STATE COUNCIL OF CARP PENSION FUND

Trade Name if any

P O Box Bldg Room No if any P O BOX 50440

Street 9045 E 59TH ST

City INDIANAPOLIS

State Indiana ZIP Code + 4 46250-0440

9 Business deals with

☒ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

SET POLICY AND DETERMINE SCHEDULES FOR PARTICIPANTS THE PENSION FUND ALSO HIRES PLAN PROFESSIONALS SUCH AS ADMINISTRATORS AND CONSULTANTS TO INSURE PENSION PAYMENTS TO RETIRED MEMBERS UNDER A DEFINED BENEFIT PLAN

11 b Approximate dollar value of such dealing

\$14 090 055

12 a Nature of interest held or income received

REIMBURSEMENT OF HOTEL & FOOD EXPENSES FOR ATTENDING A SPECIAL CALL MEETING

12 b Amount

\$169

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing DANIEL HOGLE

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Trade Name if any

P O Box, Bldg Room No if any P O BOX 50440

Street 9045 E 59TH ST

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9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

SET POLICY AND DETERMINE SCHEDULES FOR PARTICIPANTS THE PENSION FUND ALSO HIRES PLAN PROFESSIONALS SUCH AS ADMINISTRATORS AND CONSULTANTS, TO INSURE PENSION PAYMENTS TO RETIRED MEMBERS UNDER A DEFINED BENEFIT PLAN

11 b Approximate dollar value of such dealing

\$14 090 055

12 a Nature of interest held or income received

REGISTRATION FEE AND CONFERENCE EXPENSE REIMBURSEMENT FOR TRAINING AS A TRUSTEE ON THE PENSION FUND

12 b Amount

\$2 840